



Substitute for form 1449/PTO			<b>Complete if Known</b>		
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  <i>(Use as many sheets as necessary)</i>			Application Number	08/951,832	
			Filing Date	October 16, 1997	
			First Named Inventor	LINA, Cesar Z.	
			Art Unit	3761	
			Examiner Name	HAND, Melanie Jo	
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Examiner Initials*	Cite No. <sup>1</sup>	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number-Kind Code <sup>2</sup> (if known)			
		1355846	10-19-1920	Rannells	Figs. 1, 2
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NON PATENT LITERATURE DOCUMENTS				
Examiner Initials	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>	
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